

**Amendment No. 3 to HB1207**

**Sexton C**  
**Signature of Sponsor**

**AMEND Senate Bill No. 1041\***

**House Bill No. 1207**

by inserting the following new sections immediately preceding the last section and renumbering the subsequent section accordingly:

SECTION \_\_\_\_\_. Tennessee Code Annotated, Title 68, Chapter 1, Part 8, is amended by adding the following as a new section:

On or before January 15, 2018, the commissioner of health, in consultation with the perinatal advisory committee and with the assistance of relevant state agencies, shall report to the health committee of the house of representatives and the health and welfare committee of the senate concerning the following aspects of births involving neonatal abstinence syndrome and opioid abuse by women of childbearing age for the last two (2) available fiscal years or calendar years, as may be available:

(1) From data available to the bureau of TennCare, the number of births involving neonatal abstinence syndrome to enrollees in the TennCare program, the lengths of stay in a hospital for infants born with neonatal abstinence syndrome to enrollees in the TennCare program, and the costs to the program of those births;

(2) From information available to managed care organizations participating in the TennCare program, a description of any initiatives by the managed care organizations to address health outcomes, costs, and other issues raised by births involving neonatal abstinence syndrome and opioid abuse by women of childbearing age;

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(3) From data available to the department of health, and district and county health departments, the number of women with a substance abuse diagnosis involving opioid abuse who received family planning services and the number of those women who received long acting reversible contraceptives;

(4) From data available to the department of children's services, the number of cases involving investigations that included an infant born with neonatal abstinence syndrome, the number of such infants in custody of the department, and the number of visits made by the department to families with an infant born with neonatal abstinence syndrome; and

(5) From data available to the bureau of TennCare and the controlled substance database committee, the number of cases in which the source of opiates in the mother of an infant born with neonatal abstinence syndrome can be reasonably associated with an identifiable prescriber.

SECTION \_\_. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Bureau" means the bureau of TennCare; and

(2) "Managed care organization" or "MCO" means a health maintenance organization, behavioral health organization, or managed health insurance issuer that participates in the TennCare program.

(b) The general assembly finds that issues raised by births of children with neonatal abstinence syndrome and the use of opioids by women of childbearing age constitute a critical problem for enrollees in the TennCare program, healthcare providers, the TennCare program, public health, and the fiscal well-being of the state.

(c) In order to address issues raised by births of children with neonatal abstinence syndrome and the use of opioids by women of childbearing age in the TennCare program, the bureau is directed to promptly fully review these issues and to develop an appropriate and accountable policy response that includes both primary prevention and secondary prevention.

(d) On or before September 1, 2017, the bureau shall issue appropriate requests for information for program initiatives aimed at primary prevention and secondary prevention of births involving neonatal abstinence syndrome and the use of opioids by women of childbearing age enrolled in the TennCare program.

(e)

(1) Each MCO that participates in the TennCare program shall provide the overall medical loss ratio for the MCO with respect to the TennCare program. The MCO shall also calculate a medical loss ratio with respect to expenditures associated with neonatal abstinence syndrome and the use of opioids by women of childbearing age enrolled in the TennCare program.

(2) For purposes of this subsection (f), "medical loss ratio" means the ratio of medical claims and quality improvement activities to the total funds received by the MCO from the bureau pursuant to its contractor risk agreement.

(f) Nothing in this section shall affect contracts in effect on the effective date of this act with the managed care organizations for program services related to opioid use by women of childbearing age enrolled in the TennCare program.

(g) The bureau shall report concerning the progress and implementation of the program authorized by this section to the speaker of the house of representatives, the

speaker of the senate, the comptroller of the treasury, the chair of the health committee of the house of representatives, and the chair of the health and welfare committee of the senate beginning on September 1, 2017, and thereafter on a quarterly basis.

(h) The bureau shall recommend to the general assembly any legislation necessary to implement initiatives selected under subsection (g) on or before January 15, 2018.

(i) If the commissioner of finance and administration, in consultation with the bureau, determines that a federal waiver or an amendment to an existing federal waiver is necessary in order to implement initiatives under this section, the commissioner shall promptly apply for an appropriate waiver or waiver amendment to the United States department of health and human services.